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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	18		16		16	
TOTAL CLAIMS	19		17		17	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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